

# TEXAS DEPARTMENT OF LICENSING AND REGULATION PO Box 12157 ● Austin, Texas 78711-2157 (200) 203 202 ● (512) 453 6599 ● FAY (512) 475 2871

(800) 803-9202 ● (512) 463-6599 ● FAX (512) 475-2871

www.tdlr.texas.gov ● cs.driver.education.safety@tdlr.texas.gov

#### DRIVING SAFETY INSTRUCTOR LICENSE INSTRUCTIONS

The application must be completed and signed by the applicant. An application is not considered complete and will not be processed until all required items have been submitted. All information provided must be typed or printed in <u>black ink</u>. Attachments must be submitted on separate pieces of single-sided, 8½" x 11" paper. Use a paperclip to fasten all pages together, with the check or money order on top. **Do not use staples**.

DOCUMENTS SUBMITTED WITH YOUR APPLICATION WILL NOT BE RETURNED. KEEP A COPY OF YOUR COMPLETED APPLICATION, ALL ATTACHMENTS, AND YOUR CHECK OR MONEY ORDER.

- 1. <u>NAME</u> Write your legal name in the spaces provided. (Last, First, Middle Name, Suffix) Examples of a suffix include Jr., Sr., and II. (Mr. is not a suffix.)
- 2. <u>DATE OF BIRTH</u> Write your birthdate.
- 3. GENDER Select whether you are male or female.
- 4. <u>SOCIAL SECURITY NUMBER</u> Social Security number disclosure is required by Section 231.302(1) of the Texas Family Code in order to obtain a license. Your social security number is subject to disclosure to an agency authorized to assist in the collection of child support payments. For more information regarding child support payments, contact the Texas Attorney General at:

www.oag.state.tx.us/child/index or call (512) 460-6000 or (800) 252-8014.

- MAILING ADDRESS Write your current mailing address. This is the address where we will send you mail. This address can be a post office box. You can add the zip plus-4 to help the postal service deliver mail more efficiently and accurately.
- 6. <u>PHONE NUMBER</u> Write a telephone number, including the area code, where we can reach you during the day. This may be your office phone number where we can leave a message.
- 7. <u>EMAIL ADDRESS</u> Write your email address. By providing my email address I authorize TDLR to send licensing communications and required notices to me by electronic mail. I understand that I may revoke this authorization in writing and that I must update my email address or I will not receive these notices. I understand that the email address I have provided in this application will remain confidential except as permitted or required by law.
- 8. <u>DRIVERS LICENSE NUMBER</u> Provide the number on your driver's license, the listed state on the license, the Drivers license class, and the date the license will expire. Provide the date you received your first drivers license. **Submit a clear photocopy of your current, valid drivers license.**
- DRIVING SAFETY SCHOOL(s) TO BE EMPLOYED List the course numbers, name of the schools you are or expect to be employed by, school address, and school phone number.
- 10. <u>DRIVING SAFETY ENDORSEMENTS:</u> Indicate the type of endorsement(s) which you wish to apply. Please ensure that all educational requirements for the type of endorsement(s) requested are met, and copies of appropriate certifications/training records/documents are included.

#### **Driving Safety Instructor**

- 1. Submit evidence of completion of:
  - a) 16 hours of training, covering techniques of instruction and in-depth familiarization with material contained in the driving safety curriculum in which the individual is being trained; and
  - b) 12 hours of practical teaching in the same driving safety course (Form DES009) and a statement signed by the course provider recommending the applicant for licensing. GRADUATION REPORTS FOR THE CLASSES WHERE PRACTICE TEACHING OCCURRED MUST ACCOMPANY THE TRAINING RECORD.

#### **Driving Safety Instructor Trainer**

- Submit evidence of <u>one</u> of the following:
  - a) a Texas teaching certificate with driver education endorsement and 12 hours of experience, exclusive of the 28-hour instructor development course, in the same driving safety course for which the individual is to teach;
  - a teaching assistant certificate and 12 hours of experience, exclusive of the 28-hour instructor development course, in the same driving safety course for which the individual is to teach;
  - c) completion of all the requirements of a driving safety instructor and 60 hours of verifiable experience as a licensed driving safety instructor, of which the most recent 12 hours shall be in the same driving safety course for which the individual is to teach; or
  - d) proof of authorship of an approved driving safety course. The applicant who will provide the initial instructor training for a newly approved course shall demonstrate to the division director's designee the ability to teach the course and instructor training course prior to being licensed; <u>and</u>
- a statement signed by the driving safety course provider (if different than the applicant) recommending the instructor as an instructor trainer.

#### **Instructor Development Course-Driving Safety Instructor Trainer**

- . Submit evidence of completion of all the requirements for a driving safety instructor trainer plus one of the following:
  - an additional 30 hours of verifiable experience as a licensed driving safety instructor or driving safety instructor trainer in the same driving safety course for which the individual is to teach; or
  - b) proof of authorship of an approved driving safety course. The applicant who will provide the initial instructor training for a newly approved course shall demonstrate to the division director's designee the ability to teach the course and the instructor training prior to being licensed; <u>and</u>
- 2. a statement signed by the driving safety course provider, if different than the applicant, recommending the instructor as an instructor development course instructor trainer in driving safety.
- 11. <u>DRIVING SAFETY INSTRUCTION IN THE PAST 12 MONTHS</u> Place a check in the box for the type of instruction given and list the schools, address, duties, subjects taught with the beginning and ending dates. Note: if more space is need add another piece of paper.
- 12. <u>CRIMINAL HISTORY</u> Indicate if you have ever been convicted of, or placed on deferred adjudication for, any misdemeanor or felony, other than a minor traffic violation. If YES, complete and attach a Criminal History Questionnaire for each offense. This form can be obtained from the TDLR website at www.tdlr.texas.gov/MISC/lic002.pdf
  - If you are worried your criminal history could prevent you from getting this license, Texas allows you to have your criminal history evaluated before submitting your application and non-refundable fees. To request a criminal history evaluation, submit a Criminal History Evaluation Letter, a completed Criminal History Questionnaire form for each crime you were convicted of, or placed on deferred adjudication for, and a \$25 fee. You can find more information on the process and download the necessary forms on the TDLR website at www.tdlr.texas.gov/crimHistoryEval.htm
- 13. <u>DISCIPLINARY ACTION HISTORY</u> Indicate if you have ever had an occupational license, certification, or Registration suspended, revoked, or denied in any state. If you have, complete and attach a Disciplinary Action Questionnaire for each disciplinary action. This form can be obtained from the TDLR website at www.tdlr.texas.gov/ misc/Disciplinary Action Questionnaire.pdf
- 14. STATEMENT OF APPLICANT Carefully read the statement of applicant before dating and signing your application.

### <u>APPLICATION INFORMATION FOR MILITARY SERVICE MEMBERS, MILITARY VETERANS AND MILITARY SPOUSES</u>

The Texas Department of Licensing and Regulation recognizes the contributions of our active duty military service members, their spouses, and veterans. If you want to use one of the licensing options available to military service members, military veterans and military spouses, please complete the **Military Service Member**, **Military Veteran or Military Spouse Supplemental Application (TDLR form MIL001)** and attach it with your license application. The form is located on the TDLR website at: <a href="http://www.tdlr.texas.gov/misc/militarysupplemental.pdf">http://www.tdlr.texas.gov/misc/militarysupplemental.pdf</a>.

If you have additional questions about qualifications, training or experience requirements relating to occupation licensing for military service members, military veterans or military spouses please go to the TDLR Military Information web page at: http://www.tdlr.texas.gov/military.htm.

State law prohibits renewing a license more than once after a licensee has defaulted on a student loan guaranteed by the **Texas Guaranteed Student Loan Corporation (TGSLC)** unless the licensee has entered into a repayment agreement with TGSLC. YOU SHOULD CONTACT TGSLC BEFORE FILING THIS APPLICATION if you have defaulted on a student loan. An application or renewal may be rejected if this agency has received information from TGSLC that the applicant has defaulted on a student loan. The Texas Guaranteed Student Loan Corporation can be contacted at: **Texas Guaranteed ATTN: Collections PO Box 83100, Round Rock, TX 78683-3100, Telephone: (800) 222-6297,** <a href="http://www.tgslc.org">http://www.tgslc.org</a> or email: cust.assist@tgslc.org.



## DRIVING SAFETY INSTRUCTOR LICENSE APPLICATION

|                              |                                                 |                 | Do Not                     | WRIT                                                                   | E ABOVE T                               | This Lin        | NE                  |                    |                                       |                    |            |
|------------------------------|-------------------------------------------------|-----------------|----------------------------|------------------------------------------------------------------------|-----------------------------------------|-----------------|---------------------|--------------------|---------------------------------------|--------------------|------------|
|                              | This completed                                  |                 |                            |                                                                        |                                         |                 |                     | e appl             | cation fe                             | <u>ee</u> .        |            |
| 4                            |                                                 | APPLI           | CATION FE                  | E: \$50                                                                | (FEE IS NO                              | ON-REFU         | JNDABLE)            |                    |                                       |                    |            |
| 1. Name                      | e:                                              |                 |                            |                                                                        |                                         |                 |                     |                    |                                       |                    |            |
| Last                         |                                                 |                 |                            | First                                                                  |                                         |                 | N                   | Middle Name Suffix |                                       |                    |            |
| 2. Date of Birth: 3. Gender: |                                                 |                 | 4. Social Security Number: |                                                                        |                                         | nber:           |                     |                    |                                       |                    |            |
| Month                        |                                                 | ear N           | Male                       | ale                                                                    | (See instruction s<br>disclosure inform |                 |                     |                    |                                       |                    |            |
| 5. Mailing                   | g Address: (Used to re                          | eceive mail fro | om TDLR)                   |                                                                        | <u> </u>                                |                 |                     |                    |                                       |                    |            |
|                              |                                                 |                 |                            |                                                                        |                                         |                 |                     |                    |                                       |                    |            |
| Number, Stree                | t Name, Suite Number/Apartm                     | ent Number      |                            |                                                                        | City                                    |                 | St                  | ate                | Ž                                     | Zip Code           |            |
| 6. Phone                     | Number:                                         |                 |                            | 7. Email Address:                                                      |                                         |                 |                     |                    |                                       |                    |            |
| Area Code Phone Number       |                                                 |                 |                            | (Ex: johndoe@aol.com) See instruction sheet for disclosure information |                                         |                 |                     |                    |                                       |                    |            |
| 0. D.:                       | 1                                               |                 |                            |                                                                        |                                         | 1               |                     | J-4-:              |                                       |                    |            |
|                              |                                                 |                 |                            |                                                                        |                                         | lass:           | Expiration          | iale: _            | /                                     | / _                |            |
|                              | received your firs                              |                 |                            |                                                                        |                                         |                 |                     |                    |                                       |                    |            |
| 9. Driving                   | g Safety School(s)  Name of Licensed            |                 | you are (or ex<br>l        | pected<br>Address                                                      | I to be employ                          | yed).<br>I      | City                | State              | l .                                   | Phone Numb         | or         |
|                              | Name of Licenseu                                | 3011001         |                            | Address                                                                |                                         |                 | City                | State              |                                       | none Rumb          |            |
| С                            |                                                 |                 |                            |                                                                        |                                         |                 |                     |                    | ( )                                   |                    |            |
| С                            |                                                 |                 |                            |                                                                        |                                         |                 |                     |                    | ( )                                   |                    |            |
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| С                            |                                                 |                 |                            |                                                                        |                                         |                 |                     |                    | ( )                                   |                    |            |
|                              | ng Safety Endorse                               |                 |                            |                                                                        |                                         |                 |                     |                    |                                       |                    |            |
|                              | ate the type of end<br>of endorsement(s<br>ded. |                 |                            |                                                                        |                                         |                 |                     |                    |                                       |                    |            |
| □ Di                         | riving Safety Instru                            | ictor (DSI)     |                            |                                                                        |                                         |                 |                     |                    |                                       |                    |            |
|                              |                                                 |                 | (Name of Course)           |                                                                        |                                         |                 |                     |                    |                                       |                    |            |
| Dr                           | riving Safety Instru                            | ctor Train      |                            | e of Cour                                                              | se)                                     |                 |                     |                    | · · · · · · · · · · · · · · · · · · · |                    |            |
| l In:                        | structor Developm                               | ent Cours       | ·<br>·e -                  |                                                                        | ,                                       |                 |                     |                    |                                       |                    |            |
|                              | riving Safety Instru                            |                 |                            |                                                                        | f O                                     |                 |                     |                    |                                       |                    |            |
|                              |                                                 |                 |                            | (Name                                                                  | e of Course)                            |                 |                     |                    |                                       |                    |            |
| 1                            | you given driving ype of Instruction:           | safety ins      | truction within            | the pa                                                                 | ast 12 months                           | s? <b>□ Y</b> € | es                  |                    |                                       |                    |            |
| A. I                         | Student or Pract                                | tice Teach      | nina                       |                                                                        |                                         |                 |                     |                    |                                       |                    |            |
|                              | ☐ Full or Part-time                             |                 | _                          |                                                                        |                                         |                 |                     |                    |                                       |                    |            |
|                              | <del>_</del>                                    |                 |                            |                                                                        |                                         |                 |                     |                    |                                       |                    |            |
|                              | entify the schools                              | you where       |                            |                                                                        |                                         | Τ               | Dutine / Subjects T | 'auaht             |                                       | Erom               | То         |
| ^                            | lame of School                                  |                 | Address, City, Sta         | ate, ZIP CO                                                            | ue                                      |                 | Duties / Subjects T | augnt              |                                       | From<br>(Mo / Yr.) | (Mo / Yr.) |
|                              |                                                 |                 |                            |                                                                        |                                         |                 |                     |                    |                                       |                    |            |
| 1                            |                                                 |                 |                            |                                                                        |                                         |                 |                     |                    |                                       |                    |            |

| 12.                           | Have you ever been convicted any misdemeanor or felony, other yes, complete and submit a Criminal H                                                                                                                                           | her than a mi                                                  | nor traffic violation?                                                                                                      | for,                                                                                                 | ☐ Yes ☐ No                                                                               |
|-------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
|                               |                                                                                                                                                                                                                                               | See instruct                                                   | ion sheet for more information                                                                                              | <u>on</u>                                                                                            |                                                                                          |
| 13.                           | Have you ever had an occupation suspended, revoked, or denied If YES, complete and submit a Disciplinary (This does not include your driver license)                                                                                          | in any state? y Action Question                                | ?                                                                                                                           | n                                                                                                    | ☐ Yes ☐ No                                                                               |
| 14.                           |                                                                                                                                                                                                                                               | STA                                                            | ATEMENT OF APPLICANT                                                                                                        |                                                                                                      |                                                                                          |
| tho<br>an<br>me<br>coo<br>app | signing this application, I certify a rize TDLR to conduct any investig investigation may be cause for dist. I certify that I have read and will be Chapter 1001 and Texas Admin blication may result in denial of this histrative penalties. | ations of me was approval of the comply with a nistrative code | which it deems prudent. I un<br>e application even though o<br>all applicable provisions of o<br>e Chapters 84. I understar | nderstand that the info<br>ther requirements for a<br>Occupations Code Ch<br>nd that providing false | rmation revealed in<br>a license have been<br>apter 51, Education<br>information on this |
|                               |                                                                                                                                                                                                                                               |                                                                |                                                                                                                             |                                                                                                      |                                                                                          |
|                               | Date Signed                                                                                                                                                                                                                                   |                                                                | Sig                                                                                                                         | nature of Applicant                                                                                  |                                                                                          |
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